boceprevir. Total costs of AE and discontinuation were $10,443 and $3,736 for telaprevir and boceprevir treated groups, respectively. The results were not sensitive to variation in treatment practices and costs. **CONCLUSIONS:** The costs of treatment of cirrhotic non-responders during the first 16 weeks were estimated to increase by 18% over triple therapy costs due to AEs. These data indicate that the total cost per cure may be substantially higher than the drug costs and underscore the importance of evaluating total cost of HCV treatment when selecting new agents.

PIN58

DIRECT MEDICAL COSTS AND HEALTH CARE RESOURCE UTILIZATION ASSOCIATED WITH SELECTED ANTIBIOTIC TREATMENT PATHWAYS IN ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTIONS IN THE UNITED STATES

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OBJECTIVES: Current guidelines for the treatment of acute bacterial skin and skin structure infections (ABSSSI) recommend several treatment pathways based on the infection types and severity. The objective of this study is to establish the health care resource utilization (HRU) and costs associated with the most common patient treatment pathways in US. **METHODS:** The medical and pharmacy administrative claims of adult ABSSSI patients with continuous commercial or Medicare Advantage enrollment with Part D prescription drug coverage between 01 January 2009 and 31 December 2011 were extracted from a large national health plan affiliated with OptumInsight. The four most common treatment pathways were identified based on the evidences of antibiotics over the entire ABSSSI treatment course. All four pathways start with vancomycin IV use during a hospital stay. At discharge, patients followed one of four pathways: 1) continue IV vancomycin as an Outpatient Parenteral Antibiotic Therapy (OPAT); 2) switch to oral linezolid; 3) switch to daptomycin; or 4) switch to any oral antibiotic other than linezolid, clindamycin, or TMP-SMX. Health care resource utilization and costs were determined for each pathway. **RESULTS:** A total of 1418 patients met all of inclusion/exclusion criteria. The majority of patients either continued Vancomycin IV (46.5%) or switched to oral linezolid (41.4%) at discharge. Only about 12% of patients were switched to Daptomycin or other non-MRSA active oral antibiotics. The average ABSSSI-related total health care cost was $16,571 for the entire ABSSSI treatment. Total costs were comprised of $12,519 (75.5%) for inpatient cost, $201 (1.2%) for emergency department (ED) visits, $879 (5.3%) for outpatient treatment/office visits, and $1,015(6.1%) for pharmacy claims cost. The costs overall and in various locations of care varied by pathway. **CONCLUSIONS:** Inpatient treatment remains the largest component of total ABSSSI treatment cost. Utilization of linezolid and daptomycin increased the pharmacy or OPAT costs.

PIN59

COMPARISON OF THE HEALTH CARE COSTS AND UTILIZATIONS BETWEEN PATIENTS DIAGNOSED WITH THE HEPATITIS B VIRUS VERSUS THOSE WITHOUT

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OBJECTIVES: To examine the economic burden and health care utilizations of patients diagnosed with the hepatitis B virus (HBV) in the U.S. veteran population. **METHODS:** A retrospective database analysis was performed using the Veterans Health Administration (VHA) Medical SAS datasets from October 1, 2008 to September 30, 2012. Patients diagnosed with HBV were identified using International Classification of Disease 9th Revision Clinical Modification (ICD-9-CM 070.22, 070.23, 070.32, 070.33, V02,61) diagnosis codes. The first diagnosis date was defined as the index date. A group of patients of the same age, region, gender and index year but without HBV infection were identified and matched by baseline Charlson Comorbidity Index (CCI) as the comparison group. A 1-year continuous health plan enrollment was required before and after the index date for both groups. Study outcomes, including health care costs and utilizations, were compared between the HBV and comparator groups using 1:1 propensity score matching. **RESULTS:** A total of 9,718 patients were identified for the HBV and comparison cohorts. After applying a 1:1 matching, a total of 3,093 patients were matched from each cohort, and the baseline characteristics were proportionate. Patients diagnosed with HBV infection were more likely to report higher health care utilizations, including inpatient (28.74% vs. 3.3%, $p<0.01$), emergency room (25.67% vs. 8.3%, $p<0.01$), physician office (98.60% vs. 62.75%) and pharmacy visits (88.23% vs. 63.65%, $p<0.01$). The risk-adjusted health care costs were also higher for patients infected with HBV due to increased inpatient ($10,481 vs. $804, $p<0.01$), emergency room ($382 vs. $80, $p<0.01$), physician office ($4,635 vs. $1,678, $p<0.01$), and pharmacy visits ($1,166 vs. $398, $p<0.01$) resulting in higher total costs ($16,909 vs. $3,045, $p<0.01$) relative to the comparator cohort. **CONCLUSIONS:** During a period of 12 months, VHA patients diagnosed with HBV reported higher health care utilization and costs than their matched controls.

PIN60

A COMPARATIVE STUDY ON THE COST OF ANTIBIOTICS FOR THE YEARS 2011-2012 IN THREE GENERAL HOSPITALS OF GREECE

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OBJECTIVES: Since Greece came under the regime of IMF and signed the memorandum, several curtailments had to be made to various areas of the public sector. Drug treatment seems to be quite expensive. As part of the strict economic rules, Greek hospitals were obliged to reduce their health care costs. The pharmacy of each hospital incurred considerable weight of this attempt. One of its implemented actions was the drugs' price negotiation with the pharmaceutical companies. **METHODS:** In order to measure the effectiveness of this action, we performed a comparative study of the antibiotics used in 3 hospitals, PAGNI, Evaggelismos and Tzaneio. PAGNI and Evaggelismos are among the 5 biggest hospitals of Greece (pharmaceutical budget around 40M€) while Tzaneio is a small general hospital (PB 6M€). We chose 24 active ingredients (95 different antibiotics) that represent about 1/3 of total hospital antibiotics and 80% of the total antibiotics' budget. We studied their consumption for the years 2011 and 2012 and calculated the costs based on the official drug pricelist and their price after the negotiation. **RESULTS:** From 2011 to 2012 the discounts gained from each hospital were increased. Price negotiation does not apply in prototype drugs that their companies are only obliged to offer a 5% rebate. Unfortunately, these medications are more expensive, represent 36% of the studied antibiotics' cost and their consumption was increased by 20%. But, the discounts for all the studied off-patent drugs and their generics were from 12.8% till 89.9%. Thus, the total cost saving for them was 33.2% at PAGNI, 26.0% at Evaggelismos and 43.1% at Tzaneio. The total benefit for the pharmaceutical expenditure was 3% for both PAGNI and Evaggelismos, and 6% for Tzaneio. **CONCLUSIONS:** Price negotiation is an effective mean of decreasing the cost of off-patent and generic drugs but newer and expensive drugs get doctors' preference, undermining the Pharmacy's cost-saving effort.

PIN61

WHAT ARE THE CLINICAL AND ECONOMIC COSTS AND BENEFITS OF IMPLEMENTING POINT OF CARE TESTS FOR CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEA IN GENITO-URINARY MEDICINE CLINICS IN THE UNITED KINGDOM?

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OBJECTIVES: To estimate the costs and benefits of patient pathways incorporating a point of care nucleic acid amplification test (POC NAAT) for chlamydia and gonorrhoea in genito-urinary medicine (GUM) clinics in the UK compared with standard off-site laboratory testing. **METHODS:** We simulated 1.2 million men and women GUM clinic attendees based on GUMCAD reports from the UK (2011). A Markov model with Monte Carlo simulation in Microsoft Excel was developed to compare existing standard pathways of testing and treatment for chlamydia and gonorrhoea with a POC NAAT. We conducted sensitivity analyses to evaluate the robustness of the model findings. The primary outcome was the incremental cost-effectiveness ratio (ICER = £/QALY). Secondary outcomes included the number of inappropriate treatments, complications and transmissions averted and change in time from test to treatment. **RESULTS:** The total cost of using the POCT in our cohort was £103.3 million compared with £113.9 million for standard care. The ICER was -£4,182/QALY, making the new pathways cost saving. Nearly 100,000 inappropriate treatments might be avoided by using a POC NAAT. Patients receive diagnosis and treatment on the same day as testing, which may also prevent 162 cases of pelvic inflammatory disease and 17,561 transmissions. **CONCLUSIONS:** Replacing standard laboratory tests for chlamydia and gonorrhoea with a POCT could be cost saving and patients would benefit from more accurate diagnosis and less unnecessary treatment. Overtreatment currently accounts for about a tenth of the reported treatments for chlamydia and gonorrhoea and POC NAATs would effectively eliminate the need for presumptive treatment.

PIN62

COST-EFFECTIVENESS OF CHILDHOOD ROTAVIRUS VACCINATION IN GERMANY

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OBJECTIVES: Rotavirus (RV) causes highly contagious gastroenteritis especially in children under five years of age. Since 2006, two RV-vaccines are available in Europe (Rotarix® and RotaTeq®). We evaluated the cost-effectiveness of these vaccines for the German health care setting, inter alia to support an informed decision-making concerning a potential vaccination-recommendation. **METHODS:** A Markov Model was developed to evaluate the cost-effectiveness from the statutory health insurance (SHI) (direct costs) and from the societal perspective (SHI plus indirect costs). Health outcomes considered were RV-cases prevented, RV-associated hospitalizations avoided, and quality-adjusted life-years (QALY) gained. RV-incidences were derived from the national mandatory disease reporting system. RV-vaccine efficacy was calculated as pooled estimates based on data from randomized controlled trials. Costs (reference year 2010) were derived from official price catalogues. An annual discount rate of 3% for effects and costs was applied. The first five life-years were considered as model's time horizon. **RESULTS:** The base-case analysis (SHI-perspective) resulted in an incremental cost-effectiveness and cost-utility ratio (ICER) for Rotarix® of € 184 per RV-case prevented, € 2,457 per RV-associated hospitalization avoided, and € 116,973 per QALY gained. For RotaTeq®, the results were slightly higher (€ 234, € 2,622, and € 142,732, respectively). In sensitivity analyses parameter variation showed effects on the ICERs without changing the overall trend. A threshold analysis suggests that cost-saving scenarios are possible with vaccine prices reduced by ~62-66%. When applying base-case scenario results to the 2012 birth-cohort with 80% vaccination coverage, an estimated 206,000-242,000 RV-cases and 18,000 RV-associated hospitalizations can be prevented in this birth-cohort over 5 years for an incremental cost of 44.5-48.2 million Euros. **CONCLUSIONS:** Routine RV-vaccination is expected to prevent a considerable number of RV-cases and RV-associated hospitalizations in Germany. Though, the amount of QALYs gained is low. With current vaccine prices, RV-vaccination is not a cost-saving preventive measure.

PIN63

COST-EFFECTIVENESS ANALYSIS OF 3 CANDINS AND FLUCONAZOLE IN THE TREATMENT OF CONFIRMED INVASIVE CANDIDIASIS IN ADULT NON-NEUTROPAENIC PATIENTS IN SPAIN

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